Robert R. Lee Idaho Promise Category A Scholarship Renewal Form

If you are graduating, *Congratulations!* Please complete and return this form. (2010-2011)

Name:						
Permanent	(last)		(first)		(middle initial)	
Address:						
	(number and stree	et) (city)	(state)	(zip code)	
Student ID #:	Social Security #:					
Email:	Phone:					
The Robert R. Lee Idaho Promise Category A Scholarship Program rules require recipients to annually file a statement of intent to continue as a full-time undergraduate student. Please complete this questionnaire and return it to the program manager no later than January 30 th .						
☐ I intend to e	nroll Fall 2010 Institu	ıtion:				
(C	ity)	(state)		(zip)		
Major:	Anticipated Graduation Date:					
☐ I do not intend to enroll in 2010 – 2011 due to one of the following:						
☐ Graduation ☐ End of Elig		of Eligibility	lity Requesting Leave of Absence or Suspension (Must complete page 2 and submit by January 30 th due date)			
☐ Other (please explain)						
SELECTION CRITERIA						
Current Grade F						
Cumulative Grade Point Average:						
Grade Level in Fall 2010 (circle one):						
Freshman	Sophomore	Junior		Senio	or	
Recipient's Sign			ate			
Send completed						
Dana Kelly, Manager, Student Affairs Program P.O. Box 83720				Dana.Kelly@osbe.idaho.gov		
Roise Idaho 83720-0037				208-332-1574		